

PETITION TO ADVANCE DECISION FORM

JURISDICTIONAL REVIEW

INMATE NAME: _____

CDCR NUMBER: _____

INSTITUTION: _____

Date Petition Received: _____

Date of DECS Review: _____

Date of Last PTA Decision: _____

Assistance Recommended? Yes ☐ No ☐

If Yes, Date Returned to Institution: _____

Date Re-Submitted to BPH: _____

PETITION: **ADVANCED** ☐ ☐

DENIED ☐ ☐

Reason(s): _____

SIGNATURE: _____

DATE: _____

NAME: _____

TITLE: _____

REVIEW ON THE MERITS

<i>Materials Reviewed:</i>	DECS	<input type="checkbox"/>	PTA Packet	<input type="checkbox"/>
	Risk Assessment(s)	<input type="checkbox"/>	Institutional Behavior	<input type="checkbox"/>
	Transcript(s)	<input type="checkbox"/>	Victim Comments, if any	<input type="checkbox"/>
	Other	_____		

Standard: Upon review, is there a reasonable likelihood that consideration of the public safety does not require the additional period of incarceration of the inmate?

YES: PETITION APPROVED ☐ ☐

NO: PETITION DENIED ☐ ☐

***** Statement of Reasons Attached *****

SIGNATURE: _____

DATE: _____

NAME: _____

TITLE: _____